

Failure to complete this report and to provide documentation may result in the dismissal of your petition or the entry of an Order adverse to your interests.

The Family Court of the State of Delaware

FINANCIAL REPORT

1. Personal Information

Name _____ Date _____
Address _____ File Number _____
_____ Petition Number _____
_____ Social Security # _____
Home Phone # _____ Your date of birth _____
Work Phone # _____ Driver's License # _____

Child(ren) of this union for whom support is sought:

Name _____	date of birth _____	Name _____	date of birth _____
Name _____	date of birth _____	Name _____	date of birth _____

2. Income Information

Employer's Name: _____ Date Employment Began _____
Address: _____
If unemployed, explain circumstances: _____
If unemployed (or employed less than full time), what was your last full time Occupation? _____
Former Employer's Name _____ Dates of Employment _____ to _____
Reason for Leaving _____ Rate of Pay: \$ _____ per _____

<u>Income Type</u>	<u>Amount</u>	<u>Required Documentation</u>
Wage/salary - including overtime	\$ _____ per _____	Pay stubs, tax return, W-2 form
Tips, commissions and bonuses	_____ per _____	Pay stubs, tax return, W-2 form
Wage/salary - second job	_____ per _____	Pay stubs, tax return, W-2 form
Employer provided housing/transp.	_____ per _____	1099
Geographic cost of living stipend	_____ per _____	Pay stubs, letter from employer
Gross Proceeds from self-employment	_____ per _____	IRS Schedule C, 1099 forms
Net Income from self-employment	_____ per _____	Tax return, IRS Schedule C
Interest, dividends, investments	_____ per _____	Tax return, 1099 forms
Social Security (SSD or SSR)	_____ per _____	Social Security statement
Supplemental Security Income (SSI)	_____ per _____	Social Security statement
Worker's or Unemployment Compensation	_____ per _____	Check stub, insurer statement
Other pension, retirement or disability	_____ per _____	Tax return, 1099, payor letter
Alimony Received	_____ per _____	Tax return, Court Order

Bring copies of your last three pay stubs and most recent tax return with all schedules and W-2 statements to every mediation conference and hearing. If self employed, the Schedule C from your last tax return with all 1099 forms is also required. Other documents may be needed depending on the facts of your case.

Attachment checklist: ☐ Pay stubs ☐ W-2 Form(s) ☐ Health Insurance ☐ Childcare
☐ Tax Return(s) ☐ 1099 Form(s) ☐ Schedule C ☐ Other

3. Deductions

Actual pension deduction in the child support calculation will be limited to 3% of gross income. 'Other mandatory deductions' include amounts required by law or as a condition of employment to be withheld from salary or wages. Life insurance premiums are deductible but only if required by previous Court Order or agreement of the parties.

<u>Deduction Type</u>		<u>Amount</u>	<u>Required Documentation</u>
Medical Insurance	\$ _____	per _____	Pay stubs, brochure
Union Dues	_____	per _____	Pay stubs
Pension Contribution	_____	per _____	Pay stubs
Alimony Paid	_____	per _____	Court Order
Other mandatory deductions	_____	per _____	Pay stubs

4. Other Obligations

List any other children for whom you are under an order to pay support, who live in your household, or for whom you regularly provide support. Do not include stepchildren. If disputed, you may be required to provide documentation such as court orders, cancelled checks and/or money orders.

_____	_____	_____	_____
Name	date of birth	Name	date of birth
_____	_____	_____	_____
Name	date of birth	Name	date of birth

5. Additional Primary Expenses

Child care expenses incurred by either parent for the benefit of the children of this obligation receive consideration in the child support formula. Private school tuition and expenses receive consideration under some circumstances.

<u>Expense</u>	<u>Provider</u>	<u>Amount</u>
School Year childcare _____	_____	\$ _____ per _____
Summer childcare _____	_____	_____ per _____
Private School _____	_____	_____ per _____

6. Medical Support

Are you providing health insurance for these children (listed in Section 1)? ☐ Yes ☐ No

If yes, how are they covered? ☐ Through my employer, ☐ Private contract, or ☐ By my spouse.

***** PLEASE BRING THE CHILDREN'S HEALTH INSURANCE CARDS WITH YOU TO COURT *****

If not, is coverage available to you? ☐ Yes at a cost of \$ _____ per _____ ☐ No.

Name of insurance company: _____

_____	_____
PETITIONER/RESPONDENT	COUNSEL FOR PETITIONER/RESPONDENT
State of Delaware	
County of <input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex	
SIGNED AND SWORN TO (OR AFFIRMED) BEFORE ME ON ____/____/____ by _____	
NAME OF AFFIANT	

NOTARIAL OFFICER - 29 Del.C. §4323(a)	